

BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	CZ		2/3
O.I.P.E. CLASSIFIER			5-2-1700
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		64674	4-7

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
= ..... Allowed I ..... Interference  
- (Through numeral) Canceled A ..... Appeal  
÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	1/23/91
2	1/23/91
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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